

PESTICIDE INGREDIENT REPORT

Iowa Department of Agriculture and Land Stewardship
Pesticide Bureau-Henry A. Wallace Building-Des Moines, IA 50319

DIRECTIONS: Fill in all information completely. Type or print legibly all data on this form. **Each form shall be submitted in triplicate.** Legible photocopies are acceptable.

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To be completed by registrant and returned to Ella West, Pesticide Bureau, IDALS,
1st Floor Wallace Building, Des Moines, IA 50319.

EPA Reg. No.: _____
Complete Product Trade Name: _____

Company Name

Responsible Person/Title

(Area Code) Phone Number

Mailing Address/City/State/Zip Code

NOTE: If EPA Confidential Statement of Formula (EPA Form No. 8570-4) is attached, omit Sections A and B and continue with Sections C through F.

SECTION A INSTRUCTIONS: List active ingredients and CAS in descending order of weight of each active ingredient in the pesticide. (Attach an additional page if necessary.)

Active Ingredient (common name or chemical name)	% by Weight	CAS Number
1.		
2.		
3.		
4.		
5.		
Total Inert Ingredients		
Total active + inert ingredients:	100%	

continued on reverse side

Form No. f\002A

08/21/2001

SECTION B INSTRUCTIONS: List inert ingredients and CAS in descending order of weight of each inert ingredient in the pesticide. Then circle the appropriate response regarding confidential status of each inert ingredient. (Attach an additional page if necessary.)

Inert Ingredient (common name or chemical name)	CAS Number (if available)	Confidential Trade Secret?
1.		Yes No
2.		Yes No
3.		Yes No
4.		Yes No
5.		Yes No
6.		Yes No

SECTION C:

Yes No Are any inert ingredients used in this product
formulation considered a trade secret? (Circle One)

SECTION D:

Yes No Has information identifying all ingredients toxic to
humans been provided to any database system used by a
poison control center in Iowa? (Circle One)

Name of system: _____

Phone Number: _____

Yes No An in-house emergency information system is operated 24
hours per day each day of the year in compliance with
regulations adopted by the Iowa Department of Public
Health. (Chapter 641-71(139) Iowa Administrative Code.)

If yes, enter emergency telephone number: _____

Name of contracting service, if applicable.